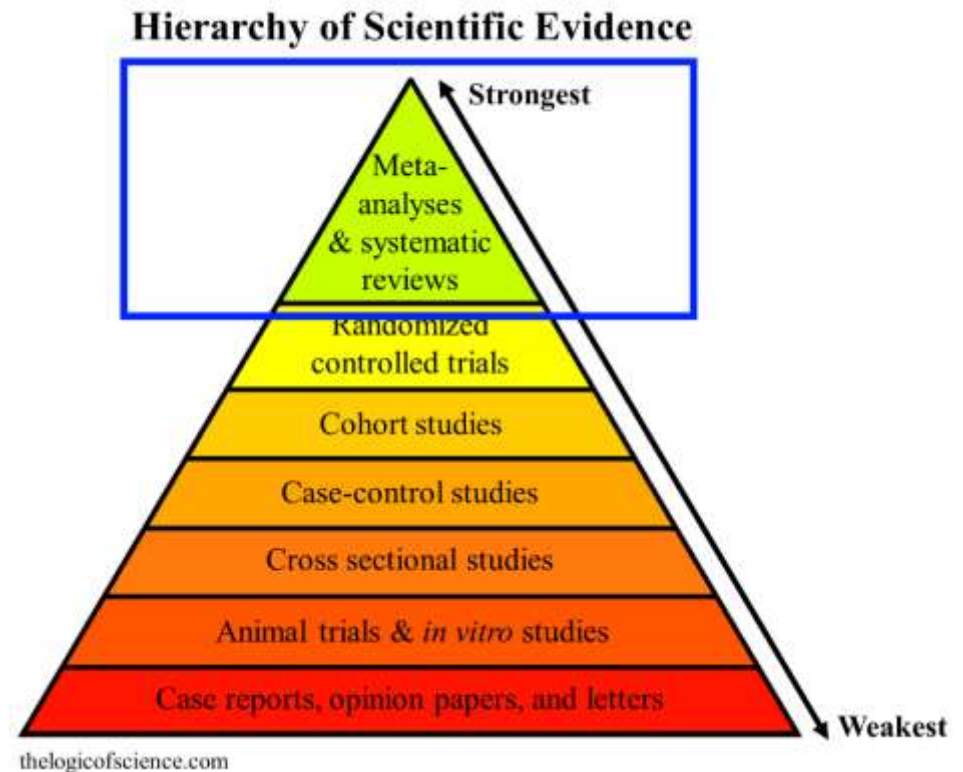




# Covid-19 in Workers' Compensation

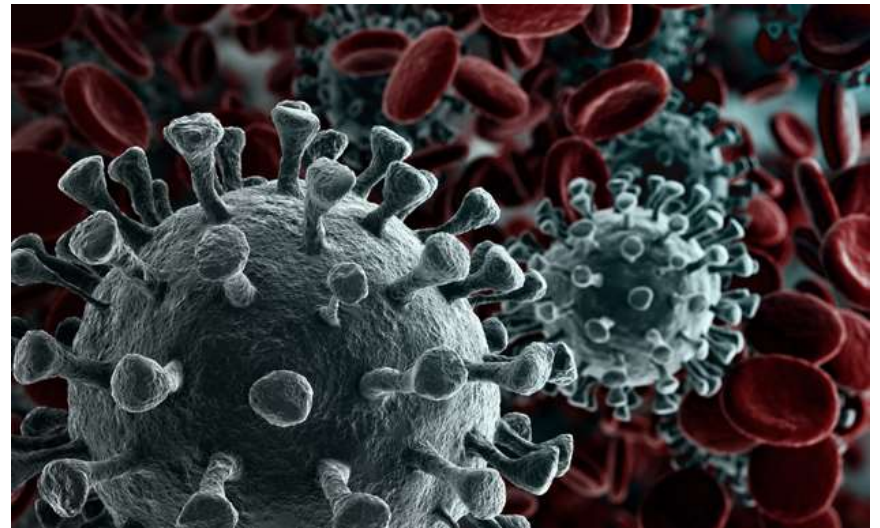
SPENCER FRENCH, RN, MSN, CCM  
VP OF CASE MANAGEMENT STRATEGY  
ORCHARD MEDICAL CONSULTING

# Hierarchy of Scientific Evidence



# Covid-19

- ▶ Respiratory illness
- ▶ Spreads from person to person.
- ▶ Started in Wuhan, China
- ▶ First case in US reported on January 21<sup>st</sup>, 2020 in WA State.
- ▶ As of 7/23/20:
  - ▶ Infected:
  - ▶ Deaths:
  - ▶ Recovered:



# How Does Covid Spread?

- ▶ Close contact (within 6 feet)
- ▶ Respiratory Droplets
- ▶ Touching a Surface or Object
- ▶ Not contracted through the skin
- ▶ Close or Long Term Exposure



# Clinical Manifestations

## ▶ **Most Common Symptoms:**

- ▶ Fever: 99%
- ▶ Fatigue: 70%
- ▶ Dry cough: 59%
- ▶ Loss of appetite: 40%
- ▶ Body aches: 35%
- ▶ Shortness of breath: 31%
- ▶ Mucus or phlegm: 27%

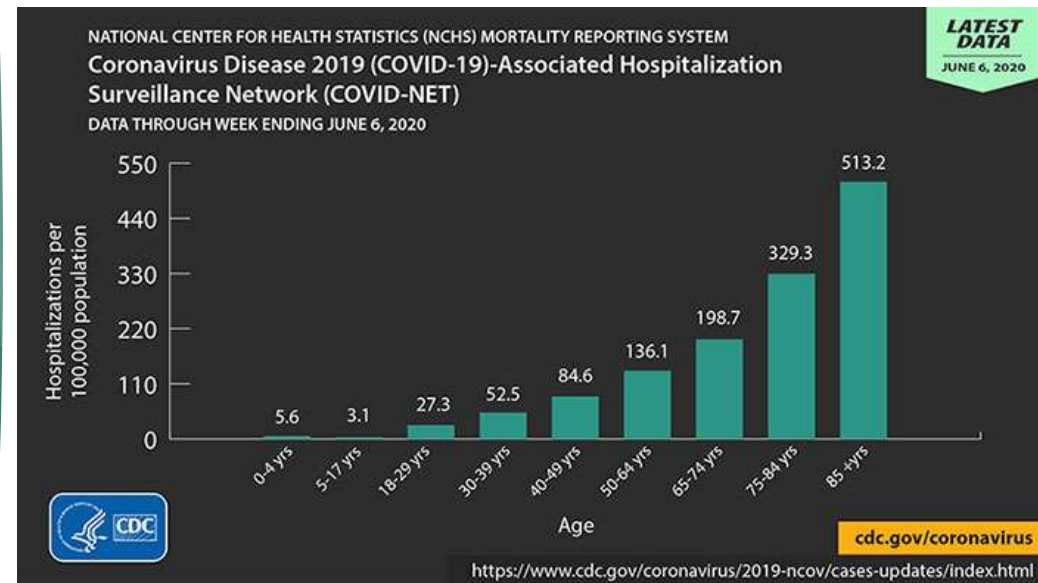
## ▶ **Severity:**

- ▶ Mild/Asymptomatic: 80%
- ▶ Severe: 15%
- ▶ Critical: 5%



# At-Risk

- ▶ Older Adults
- ▶ Pre-Existing Medical Conditions
- ▶ Racial & Ethnic Minority Groups
- ▶ Pregnancy and Breastfeeding
- ▶ People with Disabilities



## **STRONGEST and MOST Consistent Evidence (Preexisting Conditions)**

- ▶ Serious heart conditions such as heart failure, coronary artery disease or cardiomyopathies,
- ▶ Cancer
- ▶ Chronic Kidney Disease
- ▶ COPD
- ▶ Obesity (BMI>30)
- ▶ Sickle Cell Disease
- ▶ Solid Organ Transplantation
- ▶ Type 2 Diabetes



# MIXED & LIMITED Evidence

(Preexisting Conditions)

## ▶ MIXED:

- ▶ Asthma
- ▶ Cerebrovascular disease
- ▶ Hypertension
- ▶ Pregnancy
- ▶ Smoking
- ▶ Use of corticosteroids or immunosuppressive medications

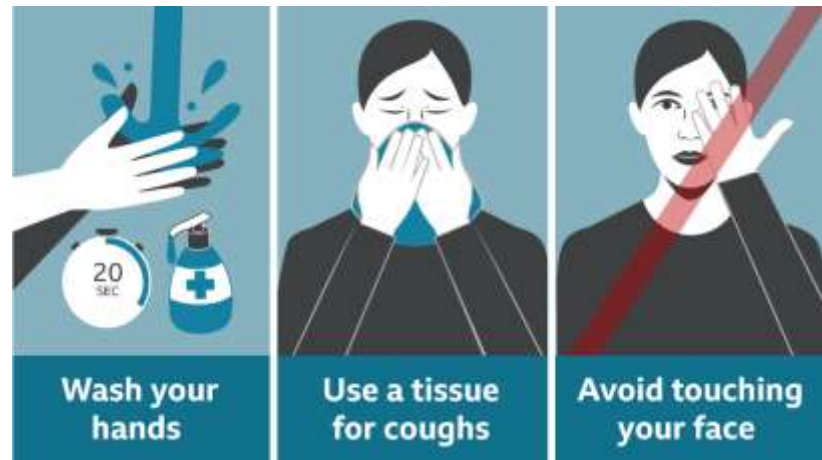
## ▶ LIMITED:

- ▶ BM Transplant, HIV  
Immune deficiencies,  
Metabolic disorders,  
Neuro disorders,  
Chronic lung disease,  
Pediatrics, Liver  
Disease, Type 1  
Diabetes



# Protect Yourself & Others

- ▶ Wash Hands Often
- ▶ Avoid Close Contact
- ▶ Cover Mouth and Nose
  - ▶ Cloth face Cover
  - ▶ When Around Others
- ▶ Cover Coughs and Sneezes
- ▶ Clean and Disinfect
- ▶ Monitor Health Daily



# Face Masks

**HELP KEEP YOURSELF SAFE**

**CDC ISSUES NEW CLOTH MASK GUIDELINES**  
The CDC now recommends everyone wear cloth mask while in public. Here are some dos and don'ts to help keep you and your family safe

<b>DO</b>	 wear mask when running essential errands	 practice social distancing, even with the mask on in public	 take the mask off by the ear elastic when you get home and wash it as soon as possible	 wash your hands for 20 seconds after removing the mask and on a regular basis
<b>DON'T</b>	 touch the mask without washing your hands	 play with the mask while wearing it	 take the mask off by grabbing the center fabric, hold your mouth and nose	 share mask with others in your household without washing them first

  FOR THE LATEST INFORMATION VISIT: [KCMO.GOV/CORONAVIRUS](https://kcmo.gov/coronavirus)

# Testing

- ▶ Viral vs. Antibody Tests
- ▶ How to get tested?
- ▶ Who gets priority?
  - ▶ Those with Symptoms
  - ▶ Exposure Potential
    - ▶ First Responders/Healthcare Workers
    - ▶ Patients
    - ▶ Co-Morbidities



# Emerging Treatment

- ▶ Supportive Care
- ▶ Antibiotics
- ▶ Remdesivir
- ▶ Dexamethasone
- ▶ Famatidine
- ▶ Alpha Blockers
- ▶ Other...
- ▶ Immunity



# Post Covid...What Can We Expect?

- ▶ Unknown
- ▶ Poor Exercise Capacity
- ▶ Chronic Fatigue Syndrome
- ▶ Organs
  - ▶ Pulmonary
  - ▶ Cardiovascular
  - ▶ Kidneys
  - ▶ Nervous System
- ▶ Psychological Impact

**LONG  
TERM**

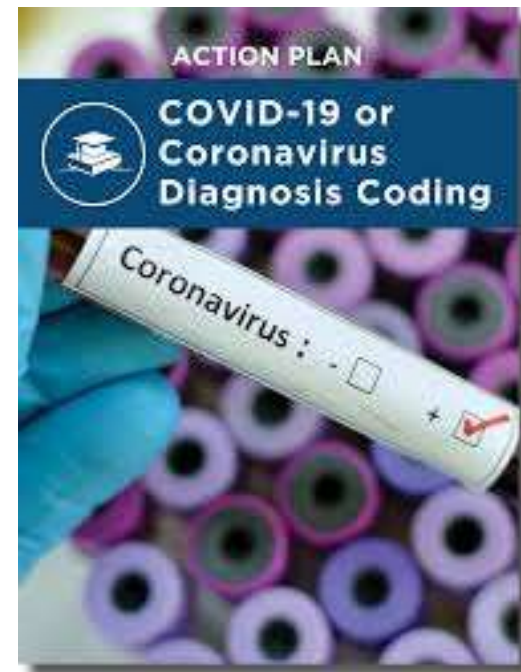
# Covid & Workers' Compensation

- ▶ ICD Codes
- ▶ Employer/Employee Considerations
- ▶ Re-Entry Criteria
- ▶ How Orchard Medical Consulting is helping in the Work Comp Industry.



# ICD Codes

- **U07.1** (COVID-19, virus identified, CDC adopted)
- **U07.2** (COVID-19, virus not identified-probable or suspected, not CDC adopted);
  - COVID-19 for pneumonia (J12.89)
  - Acute bronchitis (J20.8)
  - Lower respiratory infection (J22)
  - ARDS (J80), and other related conditions. (CDC, 2020)



# Employee/Employer Considerations

- ▶ **Employees:**
  - ▶ Notify Supervisor
  - ▶ Follow CDC Guidelines
  - ▶ Sick Family Member
  - ▶ At-Risk
  - ▶ Positive Test
- ▶ **Employer:**
  - ▶ Positive test vs Symptoms



# RTW Criteria

1. **Symptomatic** with suspected or confirmed Covid-19:
2. **Asymptomatic** with suspected or confirmed Covid-19:



# RTW Criteria

## 1. **Symptomatic** with suspected or confirmed Covid-19:

- ▶ Symptom-based strategy
  - ▶ 3 days since fever & symptoms
  - ▶ 10 days since symptoms first appeared
- ▶ Test-based strategy
  - ▶ Resolution of fever & improvement in symptoms
  - ▶ Negative testing results from 2 consecutive tests within 24 hours apart



# RTW Criteria

## 1. **Asymptomatic** with confirmed Covid-19:

- ▶ Time-based strategy
  - ▶ 10 days since + test
  - ▶ Remain Symptom Free
    - ▶ If symptoms developed then use symptom based strategy
- ▶ Test-based strategy
  - ▶ Negative testing results from 2 consecutive tests within 24 hours apart



# What are we doing?

1. **Covid-19 File Review**  
(Investigating)
2. **Covid-19 Symptom Tracking**  
(Isolation & RTW Tracking)
3. **Covid-19 Inpatient Case Management**



# Covid-19 File Review (Investigation)

## ► CDC Person Under Investigation & Case Report Form

CDC 2019-nCoV ID: \_\_\_\_\_

\_\_\_\_\_  
PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.

Patient first name: \_\_\_\_\_ Patient last name: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.

### Human Infection with 2019 Novel Coronavirus Case Report Form

**Clinical course, symptoms, past medical history, and social history**

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

Symptoms present during course of illness:

☐ Symptomatic  
☐ Asymptomatic  
☐ Unknown

**If case was symptomatic:**

What was the onset date? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Onset date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Unknown symptoms onset date

Did the patient's symptoms resolve? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of symptoms resolution (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ No, still symptomatic  
☐ Symptoms resolved, unknown date  
☐ Unknown if symptoms resolved

Did the patient develop pneumonia?  
☐ Yes ☐ No ☐ Unknown

Did the patient have acute respiratory distress syndrome?  
☐ Yes ☐ No ☐ Unknown

Did the patient have an abnormal chest X-ray?  
☐ Yes ☐ No ☐ Unknown ☐ N/A, no chest X-ray done

Did the patient have another diagnosis/etiology for their illness?  
☐ Yes ☐ No ☐ Unknown

Did the patient have an abnormal EKG?  
☐ Yes ☐ No ☐ Unknown ☐ N/A, no EKG done

Did the patient receive mechanical ventilation (MV)/intubation?  
☐ Yes ☐ No ☐ Unknown  
If yes, total days with MV stayed: \_\_\_\_\_

Did the patient receive ECMO?  
☐ Yes ☐ No ☐ Unknown

**If symptomatic, which of the following did the patient experience during their illness?**

	Yes	No	Unk		Yes	No	Unk
Fever >100.4°F (38°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cough (new onset or worsening of chronic cough)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjective fever (felt feverish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath (dyspnea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle aches (myalgia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose (rhinorrhea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New olfactory and taste disorder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea (≥3 loose stools/24hr period)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Did they have any underlying medical conditions and/or risk behaviors?** ☐ Yes ☐ No ☐ Unknown

	Yes	No	Unk		Yes	No	Unk
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunosuppressive condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autoimmune condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe obesity (BMI ≥40)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Former smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic renal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse or misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic lung disease (asthma/emphysema/COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other underlying condition or risk behavior, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychological/psychiatric condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SARS-CoV-2 Testing** [approved by FDA or other designated authority]

Test	Pos	Neg	Indet./Inconc.	Pend.	Not Done
Molecular amplification test (RT-PCR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serologic test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Specimens for CoV-19 Testing**

Specimen ID
1)
2)
3)

**Additional Comments or Notes**

\_\_\_\_\_

# Covid-19 File Review (Investigation)

- File Review  
Report  
(Summary of  
Findings)



# Covid-19 Symptom Tracking

(Isolation and RTW Tracking)

1. Known Exposure, Asymptomatic
2. Known Exposure, Symptomatic
3. Known Positive
4. Symptomatic, Positive Test



# Injured Workers Experiences & Adjuster Feedback

**In Real Life**

# Covid-19 Inpatient Case Management

- ▶ Length of Stay
- ▶ Lung CT Findings
- ▶ Labs
- ▶ Ventilator
- ▶ Blood Gases
- ▶ Emerging Treatment
- ▶ Hospital Discharge



# Employee Resources

- ▶ **Local Resources**
  - ▶ Food/Nutrition
  - ▶ Shelter/Housing
  - ▶ Healthcare
  - ▶ Addiction Help
  - ▶ Support Groups
- ▶ **Grocery Delivery**
- ▶ **General Delivery & Errand Service**
- ▶ **Prescription Delivery**



# Costs

(ODG Guidelines)

- ▶ Covid
  - ▶ \$22,920-\$40,758
- ▶ Covid with Psychosocial
  - ▶ \$22,920-\$144,887
- ▶ Covid with litigation
  - ▶ \$22,920-\$135,643
- ▶ Covid with ALL
  - ▶ \$22,920-\$231,209



# Cost Savings

1. Quick Turnaround time (File Review)
2. Contact/Support
3. Educate & Avoid Anxiety
4. Avoid Litigation
5. No Physician Visit
6. Lost time





# THANK YOU